

This form may be completed online, printed and mailed to the address listed below.

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION AND LICENSURE  
CREDENTIALING DIVISION  
301 CENTENNIAL MALL SOUTH, PO BOX 94986  
LINCOLN, NE 68509-4986  
PH #: 402-471-0537  
FAX #: 402-471-1066

AFFIDAVIT OF NAME CHANGE

STATE OF \_\_\_\_\_)  
(state in which notary is located)

COUNTY OF \_\_\_\_\_)  
(county in which notary is located)

I, \_\_\_\_\_, swear:  
(new name of Nurse Aide or Medication Aide)

1. That my registration was issued in the name of \_\_\_\_\_  
(previous name of aide)

that my date of birth is \_\_\_\_\_ and my Social Security Number is \_\_\_\_\_  
(date of birth) (SS#)

2. That I wish the registration to be changed to the following name:

\_\_\_\_\_  
(new name of aide)

3. That the reason for the name change is \_\_\_\_\_  
(marriage/divorce/legal change of name)

4. That I have enclosed documentation to support this request for name change. (Documentation can include a copy of Marriage Certificate, Divorce Decree, Court Order of Legal Name Change. Driver's license or Social Security Card can also be used as documentation as long as it shows the new name.)

5. That all the statements herein are true and correct.

\_\_\_\_\_  
Signature of Nurse Aide/Medication Aide

\_\_\_\_\_  
Date

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

NOTARY SEAL/STAMP

Your new name will appear on the Registry website the next business day after the change is made. You may access the website at: [www.hhs.state.ne.us/crl/nursing/na/na.htm](http://www.hhs.state.ne.us/crl/nursing/na/na.htm). Click on "Accessing the Registry".

[www.hhs.state.ne.us/crl/nursing/na/namechange.pdf](http://www.hhs.state.ne.us/crl/nursing/na/namechange.pdf)